

**CAMP BRUNEN BROOK
IDENTIFICATION/EMERGENCY INFORMATION**

Child's Name_____ School_____ D.O. B_____

Address_____ City_____ Zip_____

Parent/Guardian_____ Phone_____

Employment_____ Hours_____ Phone_____

Parent/Guardian_____ Phone_____

Employment_____ Hours_____ Phone_____

Physician_____ Phone_____

Medical Insurance_____ Policy #_____

If parents can't be reached, call

Name_____ Phone_____ Relation_____

Name_____ Phone_____ Relation_____

IDENTIFYING INFORMATION

Eye Color_____ Hair Color_____ Gender_____

Height_____ Weight_____ Identifying Marks_____

HEALTH INFORMATION

Any serious illness or hospitalization_____

Medications currently taking_____

Please list any limitations, health concerns, etc_____

Allergies(asthma, medication, etc)_____

Reactions to above_____

PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD

Name_____ Phone_____ Relation_____

Name_____ Phone_____ Relation_____

Name_____ Phone_____ Relation_____

Parent/Guardian Signature_____ Date_____

Please fill out the other side too.

HELP US GET TO KNOW YOUR CHILD BETTER

1. What are some of your child's likes and interests _____

Please attach a
photo of your
child here

2. Briefly describe your child's personality (quiet, outgoing, etc) _____

3. What are some things your child is looking forward to at camp? _____

4. Is there anything else that you want to share with us? _____

Please fill out the other side too.